2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # J71666 03-09-2006 90160 011 ***150.00 LANCO, INC., OF ORLANDO Principal Place of Business Mailing Address quucirio % CARLOS M. LANTIGUA % CARLOS M. LANTIGUA 1419 E. SEMORAN BLVD. 1419 E. SEMORAN BLVD CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2808826 Not Applicable Country Ζip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANTIGUA, CARLOS M. Street Address (P.O. Box Number is Not Acceptable) 1419 SEMORAN BLVD CASSELBERRY, FL 32707 Zip Code The state of the s 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept withe obligations of registered agent. SIGNATURE MESIGNATURE A Signature typed or printed name of registered agent and title thappicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!! FEE IS \$150.00 49 Election Campaign Financing \$5 or May 1, 2006 Fee will be \$550.00 May Be \$5:00 May Be After May 1, 2006 Fee will be \$550.00 we was a suffer to the suffer ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. · TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANTIGUA, CARLOS M. NAME NAME STREET ADDRESS 1419 SEMORAN BLVD STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME LANTIGUA, MYRIAM D NAME STREET ADDRESS 1419 SEMORAN BLVD. STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITI E Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with me address, with all other like empowered.

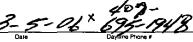
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR



FILED Mar 09, 2006 8:00 am